

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

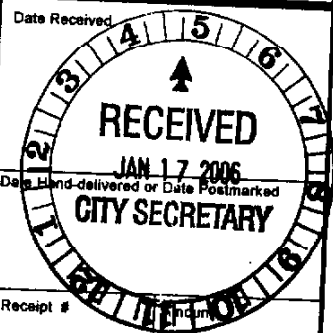
1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

15

OFFICE USE ONLY

Date Received



Date Hand-delivered or Date Postmarked

Receipt #

Date Processed

Date Imaged

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Felicia Galloway
Hall

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

☐ Change of Address

P.O. Box 21572
Houston, TX 77226

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 676-1570

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Carol Mims
Galloway

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

4810 Lavender St.
Houston, TX 77026

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 303-3444

9 REPORT TYPE

☒ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer
appointment (officeholder only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final report (Attach C/OH FR)

10 PERIOD
COVERED

Month Day Year

12 / 01 / 05

THROUGH

Month Day Year

12 / 31 / 05

11 ELECTION

ELECTION DATE

Month Day Year

12 / 10 / 05

ELECTION TYPE

☐ Primary

☒ Runoff

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council Dist. B

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box, Apt. / Suite #, City, State, Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission ID)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ - 0 -

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)\$ 30,487.⁷⁰EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 118.⁰⁰

4. TOTAL POLITICAL EXPENDITURES

\$ 28,468.⁵¹CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ - 0 -

OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ N/A

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

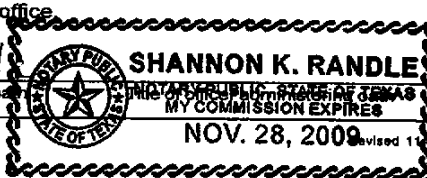
Felicia Gilly
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said CANDIDATE, this the 16 day
of January, 20 06, to certify which, witness my hand and seal of office.

Shannon K. Randle
Signature of officer administering oath

Shannon K. Randle
Printed name of officer administering oath



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages Schedule A:

1 of 5

2 FILER NAME

Felicia Galloway Hall

3 ACCOUNT # (Ethics Commission files)

4 Date

12/5/05

5 Full name of contributor

☐ out-of-state PAC (ID#)

Charles Gooden

6 Contributor address; City; State; Zip Code

Houston, TX 77085

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/5/05

Full name of contributor

☐ out-of-state PAC (ID#)

Bahong Kuo

Contributor address; City; State; Zip Code

Houston, TX 77042

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/5/05

Full name of contributor

☐ out-of-state PAC (ID#)

HAA Better Gover Funds

Contributor address; City; State; Zip Code

Houston, TX 77099

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/5/05

Full name of contributor

☐ out-of-state PAC (ID#)

Stefani Perry

Contributor address; City; State; Zip Code

Sugarland, TX 77479

Amount of contribution (\$)

5000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/5/05

Full name of contributor

☐ out-of-state PAC (ID#)

Milton Wilson

Contributor address; City; State; Zip Code

Houston, TX 77071

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 of 5

2 FILER NAME

Felicia Galloway-Hall

3 ACCOUNT # (Ethics Commission file)

4 Date

12/5/05

5 Full name of contributor

☐ out-of-state PAC (ID#)

Maconda O'Connor Ph.D.

6 Contributor address; City; State; Zip Code

Houston, TX 77007

7 Amount of contribution (\$)

5000.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/5/05

Full name of contributor

☐ out-of-state PAC (ID#)

Reddy Partnership, LLC

Contributor address; City; State; Zip Code

Houston TX 77024

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/6/05

Full name of contributor

☐ out-of-state PAC (ID#)

Willie Coleman

Contributor address; City; State; Zip Code

Houston, TX 77004

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/6/05

Full name of contributor

☐ out-of-state PAC (ID#)

C. M. Garver

Contributor address; City; State; Zip Code

Houston, TX 77023

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/6/05

Full name of contributor

☐ out-of-state PAC (ID#)

BAC-PAC

Contributor address; City; State; Zip Code

Houston, TX 77057

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

3 of 5

2 FILER NAME

Felicia Galloway-Hall

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/6/05

5 Full name of contributor

☐ out-of-state PAC (ID#)

Jack Perry

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

Sugarland, TX 77479

5000.⁰⁰

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/6/05

Full name of contributor

☐ out-of-state PAC (ID#)

David Harris

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Houston, TX 77098

1000.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/7/05

Full name of contributor

☒ out-of-state PAC (ID#)

A F S C M E PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Washington, D.C. 20036

1000.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/7/05

Full name of contributor

☐ out-of-state PAC (ID#)

L. Mays

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Houston, TX 77050

100.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/7/05

Full name of contributor

☐ out-of-state PAC (ID#)

ISSAC Matthews

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Houston TX 77091

2000.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

4 of 5

2 FILER NAME

Felicia Galloway-Hall

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/08/05

5 Full name of contributor

☐ out-of-state PAC (ID#)

Carol M. Galloway

6 Contributor address; City; State; Zip Code

Houston, TX 77026

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

Van Rental

1283.70

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/08/05

Full name of contributor

☐ out-of-state PAC (ID#)

A. Hall

Contributor address; City; State; Zip Code

Houston, TX 77021

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/08/05

Full name of contributor

☐ out-of-state PAC (ID#)

M.G. Robinson

Contributor address; City; State; Zip Code

Houston, TX 77041

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/08/05

Full name of contributor

☐ out-of-state PAC (ID#)

Roy Malonson

Contributor address; City; State; Zip Code

Houston, TX 77088

Amount of contribution (\$)

700.00

In-kind contribution description (if applicable)

Campaign ad

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/08/05

Full name of contributor

☐ out-of-state PAC (ID#)

HPOU-PAC

Contributor address; City; State; Zip Code

Houston, TX 77007

Amount of contribution (\$)

2500.00

In-kind contribution description (if applicable)

mail-out

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

5 of 5

2 FILER NAME

Felicia Galloway-Hall

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/12/05

5 Full name of contributor

☐ out-of-state PAC (ID#)

Keho Chau

6 Contributor address; City; State; Zip Code

Houston TX 77026

7 Amount of
contribution (\$)8 In-kind contribution
description (if applicable)Campaign
headquarters

2500.00

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 6

2 FILER NAME

Felicia Galloway-Hall

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/03/05

5 Payee name

Musigraphics

6 Payee address; City; State; Zip Code

10110 Sands Trail Ct.
Houston, TX 770647 Amount
(\$)457. ³⁶

8 Purpose of payment (See instructions regarding type of information required.)

Campaign T-Shirts

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

12/03/05

Payee name

Joseph Baker

Payee address; City; State; Zip Code

6719 Cohn St
Houston, TX 77091Amount
(\$)500. ⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Campaign sign distribution

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

12/03/05

Payee name

Diane Menard

Payee address; City; State; Zip Code

2303 W. Tidwell
Houston, TX 77091Amount
(\$)300. ⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Campaign Card pusher

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

12/03/05

Payee name

Karl Worsham

Payee address; City; State; Zip Code

2005 Dewalt
Houston, TX 77082Amount
(\$)400. ⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Campaign Card pusher

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 of 6

2 FILER NAME

Felicia Galloway-Hall

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/5/05

5 Payee name

Glenda Buckner

6 Payee address; City; State; Zip Code

3013 Corksick

Houston, TX 77051

7

Amount
(\$)

300.00

8 Purpose of payment (See instructions regarding type of information required.)

Campaign office Coordinator

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

12/05/05

Payee name

Doris Hubbard

Payee address; City; State; Zip Code

1925 Dewalt

Houston, TX 77088

Amount
(\$)

430.00

Purpose of payment (See instructions regarding type of information required.)

Reimbursement Campaign letter

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

12/5/05

Payee name

Kelly Graphics

Payee address; City; State; Zip Code

1322 Lost Creek Blvd

Austin, TX 78746

Amount
(\$)

4880.91

Purpose of payment (See instructions regarding type of information required.)

Campaign printing/mailout

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

12/06/05

Payee name

W.C. Management

Payee address; City; State; Zip Code

3522 White Oak

Houston, TX 77007

Amount
(\$)

4802.00

Purpose of payment (See instructions regarding type of information required.)

Campaign phonebank

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3 of 6

2 FILER NAME

Felicia Galloway-Hall

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/06/05

5 Payee name

Sprint Digit Print

6 Payee address; City; State; Zip Code

10100 CLAY Rd.
Houston, TX 77081

7 Amount (\$)

424.⁸⁸

8 Purpose of payment (See instructions regarding type of information required.)

print campaign material

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

12/04/05

Payee name

Shydaeon Warren

Payee address; City; State; Zip Code

10913 Castleton
Houston, TX

Amount (\$)

200.⁰⁰

Purpose of payment (See instructions regarding type of information required.)

cardpusher - early voting

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

12/06/05

Payee name

Melvin Mouton

Payee address; City; State; Zip Code

Houston, TX

Amount (\$)

500.⁰⁰

Purpose of payment (See instructions regarding type of information required.)

card pusher - early voting

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

12/06/05

Payee name

Barbara Houston

Payee address; City; State; Zip Code

4110 Kress
Houston, TX 77026

Amount (\$)

400.⁰⁰

Purpose of payment (See instructions regarding type of information required.)

card pusher - early voting

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

4 of 6

2 FILER NAME

Felicia Galloway-Hall

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/06/05

5 Payee name

Diane Menard

6 Payee address; City; State; Zip Code

2303 W. Tidwell
Houston, TX 77091

7 Amount (\$)

200.⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)

Card pusher-early Voting

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

12/06/05

Payee name

Karl Worsham

Payee address; City; State; Zip Code

1925 1/2 Dewalt
Houston, TX 77088

Amount (\$)

300.⁰⁰

Purpose of payment (See instructions regarding type of information required.)

early vote
Card pusher-coordinator

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

12/07/05

Payee name

Reliant Energy

Payee address; City; State; Zip Code

P O Box 650475
Houston TX 77253

Amount (\$)

119.⁵³

Purpose of payment (See instructions regarding type of information required.)

Campaign Headquarter Lights

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

12/07/05

Payee name

Minority Print Media

Payee address; City; State; Zip Code

2646 S. Loop West Ste 270
Houston, TX 77054

Amount (\$)

150.⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Campaign ad

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The instruction guide explains how to complete this form.

1 Total pages Schedule F:

5 of 6

2 FILER NAME

Felicia Galloway-Hall

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/7/05

5 Payee name

Pha Green

6 Payee address; City; State; Zip Code

4403 Akard

Houston, TX 77047

7 Amount (\$)

811.88

8 Purpose of payment (See instructions regarding type of information required.)

Campaign printing

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

12/07/05

Payee name

T-Mobile

Payee address; City; State; Zip Code

PO BOX 790047

St Louis, MO 63179

Amount (\$)

687.14

Purpose of payment (See instructions regarding type of information required.)

Campaign cell telephone bill

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

12/10/05

Payee name

Felicia G. O.T.V.

Payee address; City; State; Zip Code

5205 Lockwood

Houston, TX 77026

Amount (\$)

8250.00

Purpose of payment (See instructions regarding type of information required.)

Flush team, Gasoline
Ctd pushers, meals Coordinator-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

12/10/05

Payee name

Herb Mitchell

Payee address; City; State; Zip Code

7611 Sterlingshire

Houston TX 77016

Amount (\$)

2619.05

Purpose of payment (See instructions regarding type of information required.)

Campaign consultant/reimbursement

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.		1 Total pages Schedule F: 6 of 6	
2 FILER NAME Felicia Galloway-Hall		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/28/05	5 Payee name Reliant Energy 6 Payee address; City; State; Zip Code P O Box 650475 Dallas, TX 75285	7 Amount (\$) 113. 89	
8 Purpose of payment (See instructions regarding type of information required.) Campaign headqtr. light bill		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 12/28/05	Payee name SBC Payee address; City; State; Zip Code P O Box 650487 Dallas, TX 75285	Amount (\$) 367. 67	
Purpose of payment (See instructions regarding type of information required.) Campaign headqtr. telephone bill		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 12/05/05	Payee name Ms Mac Catering Payee address; City; State; Zip Code 7308 Fawnridge Houston, TX 77028	Amount (\$) 525. 00	
Purpose of payment (See instructions regarding type of information required.) Food - Voter rally 12/04/05		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)	
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

American Federation of State, County and Municipal Employees

ADDRESS (number and street)

1625 L Street, N.W.

(Check if address
is changed)

Washington,

DC

20036

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 04 23 2001

3. FEC IDENTIFICATION NUMBER ►

C 00011114

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

William Lucy

Signature of Treasurer



Date 04 23 2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate
Party AffiliationOffice
Sought:

House

Senate

President

State

District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee:

Name of
Candidate

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Riggs National Bank

Mailing Address

1800 M Street, N.W.

Washington,

DC

20036

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Amalgamated Bank of New York

Mailing Address

1825 K Street, N.W.

Washington,

DC

20006

CITY ▲

STATE ▲

ZIP CODE ▲

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME*Felicia Galloway-Hall***2 ACCOUNT # (Ethics Commission filers)****3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER**

-- Complete A & B below only if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Felicia Galloway-Hall

Signature of Candidate**5 OFFICEHOLDER**

-- Complete this section only if you are an officeholder --



I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder